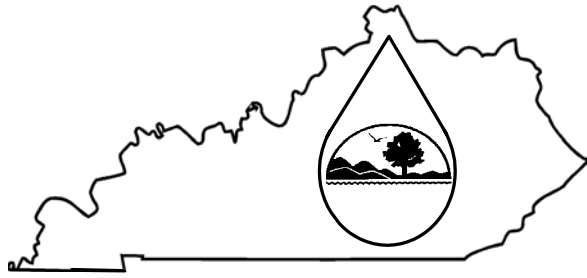


# KPDES FORM KIMOP



## Kentucky Inter-Municipal Operational Permit Application

This is an application to: (check one)

- ☐ Apply for a new permit.  
☐ Apply for reissuance of an expiring permit.  
☐ Modify an existing permit.

**For additional information contact:**  
**KPDES Branch (502) 564-3410**

### AGENCY USE

A. \_\_\_\_\_  
Owner of facility where wastewater originates

\_\_\_\_\_  
Mailing Address – number and street or other identifier

County

City

State

Zip Code

B. \_\_\_\_\_  
Name of organization receiving wastewater for further conveyance to a treatment facility

\_\_\_\_\_  
Address – Number and Street

City

State

Zip Code

\_\_\_\_\_  
Name of wastewater treatment plant which ultimately receives wastewater

C. Submit map(s) indicating the following:

- Transfer points relative to streets, roads, etc. (A transfer point is the point where the wastewater is transferred from your collection system to the system receiving the wastewater for further conveyance and ultimate treatment.)
- Schematic showing the complete collection system of the contributing facility including size of lines and pumping stations and differentiate combined sewers and separate sanitary sewer.

D. Indicate total length (in feet) of the collection system \_\_\_\_\_ feet

Indicate length (in feet) of the combined sewer system \_\_\_\_\_ feet

Indicate length (in feet) of the separate sewer system \_\_\_\_\_ feet

E. Actual population served by your system (number of people, not number of connections) \_\_\_\_\_

Total average daily flow from your facility into the receiving facility \_\_\_\_\_ gallons per day (gpd)

List any industrial contributors to your system and the amount of wastewater contributed.

Industry	Gallons Per Day	Industry	Gallons Per Day

F.

Transfer Point	Volume Transferred (gpd)	Transfer Point	Volume Transferred (gpd)

G. If overflow / bypass occurs during wet weather at a point in the system, please identify by name or number and indicate whether diversion is part of a combined sewer (CSO) or sanitary sewer (SSO) system:

Identification						
Latitude (For CSO only)	Deg.	Min.	Sec.	Deg.	Min.	Sec.
Longitude (For CSO only)	Deg.	Min.	Sec.	Deg.	Min.	Sec.
Give the number of incidents		per year			per year	
Give the average duration of incident		hours			hours	
Give the average volume per incident		gallons			gallons	

Identification						
Latitude (For CSO only)	Deg.	Min.	Sec.	Deg.	Min.	Sec.
Longitude (For CSO only)	Deg.	Min.	Sec.	Deg.	Min.	Sec.
Give the number of incidents		per year			per year	
Give the average duration of incident		hours			hours	
Give the average volume per incident		gallons			gallons	

<b>CERTIFICATION</b>
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name and Official Title (Type or Print)	Phone No. (Area Code and Number)
Signature	Date Signed

For additional information contact: **Municipal Section, KPDES Branch, (502) 564-3410**

Return completed form to:

**Inventory & Data Management Section  
KPDES Branch, Division of Water  
Frankfort Office Park  
14 Reilly Road  
Frankfort, KY 40601**

The Environmental and Public Protection Cabinet does not discriminate on the basis of race, color, national origin, sex, age, religion, or disability and provides, upon request, reasonable accommodations including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs, and activities. For an alternate form of this application, contact the KPDES Branch, Division of Water.